

## **MHSA Implementation Progress Report June 16, 2008**

The California Mental Health Directors Association (CMHDA)

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CMHDA represents the directors of public mental health authorities in counties (and some cities) throughout California. The primary goal of our Association, pursuant to a three-year strategic plan adopted last fall, is to *"advocate for equity and full inclusion of vulnerable populations, and secure social justice as measured by access to necessary quality services that promote mental health, wellness, resiliency and recovery in our communities."* As MHSA implementers, counties play a primary role and carry great responsibility in the transformation of local mental health systems. The following are key MHSA implementation issues within the context of counties in June 2008.

### **CMHDA is Solution-Focused During Budget Crisis:**

Last month CMHDA reported concerns about the impact of state budget proposals that would significantly further erode core mental health services funding. CMHDA believes it is our responsibility to find a better way to transition our community services from the old eroding system to the new and "transformed" system, to ensure that individuals and families are provided services and supports based on their needs, and not on which funding stream they are attached to (realignment, Medi-Cal, MHSA, etc.). We believe it is our obligation to achieve this in a way that promotes quality and cost-effectiveness while complying with the MHSA's prohibition against using funds to supplant existing county or state funds. County mental health systems have the responsibility to be prepared to address unmet and distressing mental health needs as the budget crisis continues.

Since then, CMHDA has diligently worked with the Department of Mental Health (DMH) in a problem-solving manner on short-term solutions that ensure the timely delivery of MHSA resources to communities to address growing unmet needs. Currently, revisions to the requirements in the CSS 08-09 plan update are in final review. CMHDA is confident that these revisions will streamline and simplify processes, increasing efficiencies in delivering needed resources into communities.

While a positive step forward, this undertaking marks only the beginning of significant efforts to develop long-term solutions that apply a continuous quality improvement approach to the ongoing implementation of the MHSA. As is evident in the newly published MHSA Performance Audit of the Department conducted by the Department of Finance Office of State Audits and Evaluation (OSAE), DMH will be making numerous changes in its approach to the MHSA as they move from the development phase to the implementation phase. Specific areas of recommended action for DMH by OSAE include:

1. Creating a strategic development and implementation plan which addresses component integration, performance measures, and program monitoring efforts.
2. Promoting effective communication and coordination among entities involved with the MHSA by engaging all relevant parties in policy development, standardizing common processes, and developing communication protocol.
3. Developing regulations to define the roles and responsibilities of each entity involved in the MHSA.

CMHDA appreciates OSAE's acknowledgment of counties' and communities' struggles to implement the MHSA with arduous and duplicative reporting, conflicting messages about rules and requirements, and delayed cash payments. CMHDA believes this report provides a roadmap for improvement, and hopes that all partners in implementation -- particularly the Oversight and Accountability Commission -- use the report in a solution-focused manner. From our perspective, there is no time to spare in processing these recommendations. Communities need MHSA to work efficiently to address growing unmet needs. CMHDA stands committed to applying the lessons learned from this report to the current work being done on developing the guidelines for the annual plan for all MHSA components in FY 09/10, as well as on the overall strategy for integrating the mental health system.

### **Quick Facts on Other Key Implementation Issues:**

#### ***Prevention and Early Intervention (PEI)***

- ❖ 3 counties have submitted their plans and are in the review process, and 44 counties have submitted and been approved for their Community Program Planning funds. Most counties have completed necessary fiscal reporting and contract requirements to receive cash payments once distributed.

- ❖ Counties are in the middle to end of the planning process (selecting strategies to address identified key needs and target populations), with expected summer and early fall plan submissions. The majority of counties have now completed the community planning process.
- ❖ CMHDA is eager to see that changes to the PEI resource guide will be clarified in a DMH Information Notice. Such changes will ensure that there are no disincentives to selecting alternative programs to include in PEI plans.
- ❖ CiMH, in collaboration with DMH and the OAC, will be providing regional trainings for county staff and their stakeholders July – August to support plan submission and to assess additional technical assistance needs.
- ❖ In light of the OAC vote to support the state-administration of 3 of the 5 PEI statewide programs, CMHDA is informing counties of pending policy changes in June and July that will support the timely assignment of funds, and provide opportunities to support local activities that can maximize efforts at the state-level.

### ***Workforce, Education, and Training (WET)***

- ❖ 45 counties have submitted requests for early implementation dollars; all have been approved.
- ❖ 10 counties have submitted their three-year WET program and expenditure plans to state DMH. Those counties include: Mono, Monterey, Stanislaus, Kern, Plumas, Merced, Colusa, Santa Cruz, Orange, and Trinity. Mono County, Monterey County, Stanislaus County, Merced County, and Santa Cruz County have been approved.
- ❖ San Francisco County, El Dorado County, Riverside County, and San Bernardino County have posted their plans for the 30 day public review and comment period.
- ❖ Funding for 7 Statewide Workforce, Education, and Training Initiatives will be allocated in FY 2008-09 for the following programs: Regional Partnerships; Client and Family Member Technical Assistance Center; Course Conversion; Stipends for social workers, marriage and family therapists, psychiatric nurse practitioners, and psychologists; Psychiatric Residency Programs; and Physician Assistant Programs.
- ❖ **Consumer Employment Summit** – CMHDA is co-sponsoring, along with the California Network of Mental Health Clients, Orange County, San Diego County, and Los Angeles County, a consumer employment summit entitled “*Welcoming Diversity and Recovery In The Workplace*”, which will take place September 4<sup>th</sup> – 5<sup>th</sup> in Orange County. Focal issues include the employment of consumers within mental health systems, identifying barriers, and developing strategies for moving this transformative agenda into action.

***Capital Facilities and Technology*** – Counties have been anticipating the release of these guidelines, and currently are undergoing the process of applying for these much needed infrastructure funds.

***Joint Powers Authority (JPA)*** - CMHDA has retained legal counsel, met with CSAC and various CAOs from around the state to solicit their feedback, and are continuously developing documents for counties to present to their Boards of Supervisors, including a sample JPA governance structure. The intent is the efficient implementation of the MHSa by providing a vehicle for counties to act jointly. CMHDA is hopeful that a JPA could be established by fall 2008.

***CSS Housing Program*** – CMHDA is pleased with the timeliness of counties getting approval from their Boards of Supervisors to assign back their MHSa Housing Program funds to CalHFA. 21 counties have completed this process and others are in the 30 day posting process. Over 20 counties have over 50 prospective pipeline projects, or have made inquiries about potential projects. Completed applications have been submitted by Riverside, Monterey, Santa Clara, and San Diego Counties, and applications from Sacramento and San Francisco have been approved.

### ***Stakeholder Improvement Issues and Establishing the Social Justice Advisory Committee -***

On June 23<sup>rd</sup> CMHDA will be hosting an input summit regarding the establishment of a new advisory committee to the CMHDA Governing Board that will provide recommendations on reducing disparities within the public mental health system. Identifying strategies to improve the local stakeholder process will also be within the scope of this committee.

CMHDA appreciates the opportunity to provide this implementation report and suggests that OAC staff and/or commissioners with additional questions on any MHSa issue visit our MHSa webpage at <http://www.cmhda.org/mhsa/mhsa.html> or contact, Stephanie Welch at [swelch@cmhda.org](mailto:swelch@cmhda.org) or (916) 556-3477 x152.